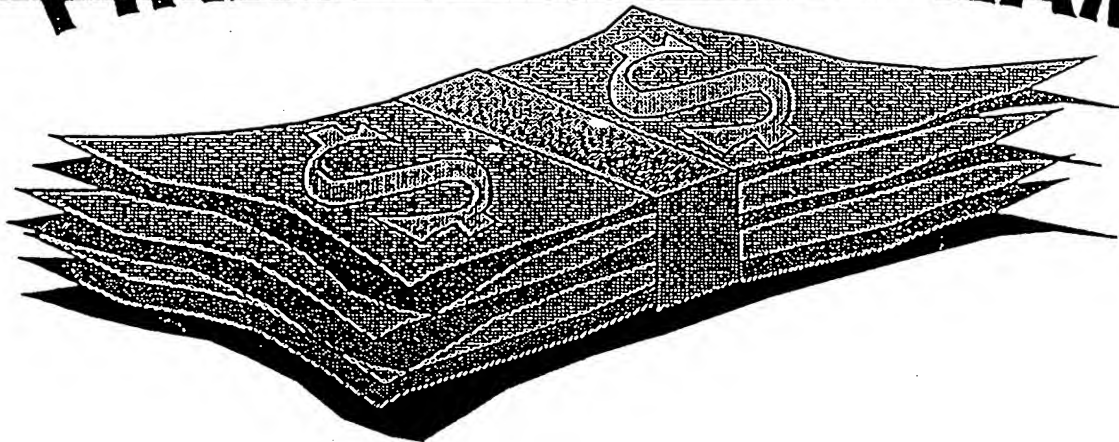


UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20220

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>10/524 716</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ <u>100</u>							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>100</u>							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">3</td></tr></table>			1	9	--	1	0	1	3
1	9	--	1	0	1	3					
<input type="checkbox"/>	No Fee Due (Explanation):										
Rule change - 08 Dec 2004											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME:		TITLE: <u>Supervisor</u>									
SIGNATURE: <u>Terry M. Johnson</u>		PHONE: <u>703-308-9140</u>									
OFFICE: <u>DO/EO</u>		<u>X221</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

SPECIAL REQUEST FOR FINANCE/RAM TEAM



TO: PCT RAM TEAM CP2/5TH FLOOR

PLEASE PROCESS THE FOLLOWING ADJUSTMENTS:

FROM

TO

CODE

1632

FEE AMOUNT

100.

CODE

1642

FEE AMOUNT

100

ER:

☐

CHARGE VOUCHER IS ATTACHED TO CHARGE / REFUND
ADDITIONAL FEES

☐

OTHER: _____

THE ORIGINAL METHOD OF PAYMENT WAS

☐

BY A CHECK

☒

BY A CHARGE TO DEPOSIT ACCOUNT NO. 19-1013

REQUESTED BY:

Larry M. Johnson Vessels

DATE: _____